



Department of Veterans Affairs

SCHOOL ATTENDANCE REPORT

1. VA FILE NUMBER

C/CSS -

INSTRUCTIONS: Return completed form to the VA office shown in Item 2.

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

Income information and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103(1)(7)(D) of the Internal Revenue Code of 1986. Any information provided by you including your Social Security Number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefits program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0057), Washington, DC 20503. PLEASE DO NOT SEND THIS FORM OR APPLICATIONS FOR BENEFITS TO THESE ADDRESSES.

2. VA OFFICE TO WHICH THIS FORM SHOULD BE RETURNED

Department of Veterans Affairs
VA Regional Office
P.O. Box 8888
Muskogee OK 74402-8888

3. FIRST, MIDDLE, LAST NAME OF VETERAN

4A. FIRST, MIDDLE, LAST NAME OF STUDENT

4B. SOCIAL SECURITY NUMBER OF STUDENT

INSTRUCTIONS: Complete either Part I or Part II, as indicated by the block checked.☐ **PART I - VERIFICATION OF SCHOOL ATTENDANCE***(To Be Completed By Claimant)*

Benefits have been awarded by the Department of Veterans Affairs because the student named in Item 4 expects to start a course of training. Items 5, 6A, 6B, and 7 through 10 should be completed and this form returned to the VA office shown in Item 2 within 30 days after the date the student begins the course. If not returned, benefits payable because of school attendance will be discontinued.

5. OFFICIAL BEGINNING DATE OF REGULAR
TERM OF COURSE (Month, day, year)6A. DID STUDENT START THE COURSE OF
TRAINING?

- ☐ YES (If "Yes," complete Item 6B)
☐ NO (If "No," enter reason in "Remarks")

6B. DATE STUDENT STARTED COURSE OF
TRAINING (Month, day, year)

NOTE: This part will be completed by the student only if he or she has attained majority and is claiming benefits in his or her own right. Otherwise, the parent, guardian or custodian will sign and also enter his or her relationship to the student.

I CERTIFY THAT the foregoing statement is true and correct to the best of my knowledge and belief.

7. SIGNATURE

8. RELATIONSHIP TO STUDENT

9. DATE

10A. DAYTIME TELEPHONE NUMBER (Include Area Code)

10B. EVENING TELEPHONE NUMBER (Include Area Code)

☐ **PART II - VERIFICATION OF TERMINATION OF SCHOOL ATTENDANCE***(To Be Completed By School)*

Information has been received that the student named in Item 4 discontinued his or her course of training at your school. Please complete Items 11 through 17 and return this form to the VA office shown in Item 2.

11A. DATE SCHOOL ATTENDANCE TERMINATED (Month, day, year)

11B. IS THIS THE OFFICIAL ENDING DATE OF REGULAR TERM FOR SUCH
COURSE?

- ☐ YES (If "Yes," complete Item 12A)
☐ NO (If "No," complete Item 12B)

12A. BEGINNING DATE OF THE NEXT REGULAR TERM FOLLOWING THE
DATE STUDENT DISCONTINUED SCHOOL (Month, day, year)

12B. OFFICIAL ENDING DATE OF REGULAR TERM (Month, day, year)

13. REASON FOR TERMINATION OF ATTENDANCE

14. REMARKS

I CERTIFY THAT the foregoing statement is true and correct to the best of my knowledge and belief.

15. NAME OF SCHOOL

16. SIGNATURE AND TITLE OF SCHOOL OFFICIAL

17. DATE

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.